

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000095798

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: HIALEAH FIREFIGHTERS TRUST, INC.

**Current Principal Place of Business:**

800 W. 49TH STREET  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

13295 80TH LANE NORTH  
WEST PALM BEACH, FL 33412

**New Mailing Address:**

FEI Number: 65-0963777      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POWELL, ROBERT  
13295 80TH LANE NORTH  
WEST PALM BEACH, FL 33412      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILLIAMS, ROBERT III  
Address: 800 W. 49TH STREET  
City-St-Zip: HIALEAH, FL 33012

Title: VP ( ) Delete  
Name: PFLUM, WAYNE  
Address: 800 W. 49TH STREET  
City-St-Zip: HIALEAH, FL 33012

Title: ST ( ) Delete  
Name: POWELL, ROBERT  
Address: 800 W. 49TH STREET  
City-St-Zip: HIALEAH, FL 33012

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD ( ) Change (X) Addition  
Name: POWELL, ROBERT  
Address: 13295 80TH LANE NORTH  
City-St-Zip: WEST PALM BEACH, FL 33412

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT POWELL

TD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date